



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Roy Hoppe, DC

**Respondent Name**

ACE American Insurance Company

**MFDR Tracking Number**

M4-15-0818-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

November 3, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "I would like to request assistance in obtaining the balance for the service provided on 04/11/2014. An attempt was made to the carrier in a request for reconsideration and the response was an EOB stating the benefit for this service is included in the payment/allowance for another service/Procedure that has already been adjudicated. The carrier paid incorrectly."

**Amount in Dispute:** \$865.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "After review, Coventry stands by the pricing.

(C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier 'W6;'

(D) Whether the injured employee's disability is a direct result of the work-related injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier 'W7;'

(E) Ability of the employee to return to work shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier 'W8'; and

(F) Issues similar to those described in subparagraphs (A) – (E) of this paragraph shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier 'W9.'

(2) When multiple examinations under the same specific Division order are performed concurrently under paragraph (1)(C) – (F) of this subsection:

(A) the first examination shall be reimbursed at 100 percent of the set fee outlined in subsection (k) of this section;

(B) the second examination shall be reimbursed at 50 percent of the set fee outlined in subsection (k) of this section; and

(C) subsequent examinations shall be reimbursed at 25 percent of the set fee outlined in subsection (k) of this section.

(k) The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier 'RE.' In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Texting that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

Bill is priced correct."

**Response Submitted by:** Gallagher Basset Services, 11940 Jollyville Rd, Ste 210N, Austin, TX 78759

## SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 11, 2014	Designated Doctor Examination	\$865.00	\$262.50

## FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.240 sets out the requirements for processing medical bills.
3. 28 Texas Administrative Code §134.204 sets out the procedures for billing and reimbursing Designated Doctor Examinations.
4. 28 Texas Administrative Code §129.5 sets out the guidelines for filing a Work Status Report.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
  - 59 – Processed based on multiple or concurrent procedure rules
  - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
  - X212 – code was not defined as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
  - P1 – code was not defined as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
  - P12 – code was not defined as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
  - P300 – code was not defined as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
  - Z710 – code was not defined as required by 28 Texas Administrative Code §133.240 (f)(17)(H)

### Issues

1. What is the total allowable for the services in dispute?
2. Is the filing of the DWC-073 payable when provided in conjunction with 28 Texas Administrative Code §134.204 (i)?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. Per 28 Texas Administrative Code §134.204 (k), "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier 'RE.' In either instance of whether MMI/IR is performed or not, **the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports.** Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee" [emphasis added].

Furthermore, 28 Texas Administrative Code §134.204 (i)(2) states, "When multiple examinations under the same specific Division order are performed concurrently under paragraph (1)(C) - (F) of this subsection: (A) the first examination shall be reimbursed at **100 percent of the set fee outlined in subsection (k) of this section**; (B) the second examination shall be reimbursed at **50 percent of the set fee outlined in subsection (k) of this section**; and (C) subsequent examinations shall be reimbursed at **25 percent of the set fee outlined in subsection (k) of this section**" [emphasis added]. The submitted documentation indicates that the Designated Doctor performed examinations to determine extent of injury, whether the injured employee's disability is a direct result of the work-related injury, and the ability of the injured employee to return to work, as ordered by the Division.

Therefore, the total allowable for the examination to determine the extent of the injury, CPT Code 99456 RE W6, is \$500.00 (100% of the set fee).

The total allowable for the examination to determine whether the injured employee's disability is a direct result of the work-related injury, CPT Code 99456 RE W7, is \$250.00 (50% of the set fee).

The total allowable for the examination to determine the ability of the injured employee to return to work, CPT Code 99456 RE W8, is \$125.00 (25% of the set fee).

2. Per 28 Texas Administrative Code §134.204 (I), "The following shall apply to Work Status Reports. When billing for a Work Status **Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section** [emphasis added], refer to §129.5 of this title (relating to Work Status Reports)".

28 Texas Administrative Code §129.5 states, "...a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report **required under this section or for providing a subsequent copy** of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy" [emphasis added]. This section applies only to treating doctors and referral doctors, as stated earlier in the section. This examination was provided by a designated doctor. There is no evidence in the supplied documentation to support that the requestor was billing for a subsequent copy of a previously submitted Work Status Report.

Therefore, the filing of the DWC-073 (CPT Code 99080 73) is not payable when provided in conjunction with a Designated Doctor Examination under 28 Texas Administrative Code §134.204 (i).

3. Review of the submitted documentation finds that the requestor billed \$500.00 for CPT Code 99456 RE W6. The total allowable amount is \$500.00 for this code. The insurance carrier reimbursed \$325.00. Therefore, the requestor is entitled to an additional reimbursement of \$175.00 for this code.

Review of the submitted documentation finds that the requestor billed \$500.00 for CPT Code 99456 RE W7. The total allowable amount for this code is \$250.00. The insurance carrier paid \$162.50. Therefore, the requestor is entitled to an additional reimbursement of \$87.50 for this code.

Review of the submitted documentation finds that the requestor billed \$500.00 for CPT Code 99456 RE W8. The total allowable amount is \$125.00. The insurance carrier reimbursed \$162.50. Therefore, no additional reimbursement is recommended for this code.

CPT Code 99080 73 is not payable for this examination. Therefore, no additional reimbursement is recommended for this code.

The total recommended reimbursement is \$262.50.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$262.50.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$262.50 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	January 26, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**